AND STATE 10	M					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	55						
VS 300 VS	DEPA	R TM	ENT	P		TATE OF A STATE OF A S	R						
SOUNT STATE COUNTY COUN	DO NOT WRITE ON THIS STUB		AMEND	€D	le	The part of the pa	• **						
ACCRUSAND Secretary Secr		<u> a</u>		11	1	A COUNTY LAST BE COUNTY TO THE							
ACCRUSAND Secretary Secr	Rev. 4/59	2		1 1	I^-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	saide Limits						
ACCRUSAND Secretary Secr	lasifica	¥			l	TOWN Stull, MO. 2 DAYS TOWN BELLS YO	* № □						
3 3 4 7 7 7 7 7 7 7 7 7		PATE/			1_	HOSPITAL OR ADDRESS							
5 2 5 2 6 9 7 100 8 20 9 100 100 100 100 100 100 100	' '	F	11	П			Year						
S. SEX 6. COLOR OR RACE 10. Widows of white and widow the country 10. USUAL OCCUPATION (Give kind of work done of wind done) 10. USUAL OCCUPATION (Give kind of work done of work done of wind wind done) 10. USUAL OCCUPATION (Give kind of work done	_				X	FLORA FRANCES GRIFFIN DEATH 11 19	_						
10. USAL OCCUPATION (Give hind of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY U.S.A. 13. AND THER'S MANDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line) 19. WAS DECEASED EVER IN U.S. ARRED FORCES? 10. BUSINESS OR INDUSTRY 10. BELLS, TENN 11. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line) 19. WAS AUDOSY 19. WAS AUDOSY 19. WAS AUDOSY 20. ACCUDENT 19. WAS AUDOSY 20. ACCUDENT 20. PLACE OF INJURY (e.g., in or about home. 20. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I of Imam 18.) 20. BUSINESS OF DEATH (Enter only one cause per line) 21. Insteaded the deceased from 16. Q. D. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I of Imam 18.) 220. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 221. Instead the deceased from 16. Q. D. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I of Imam 18.) 222. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 223. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 224. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 225. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 226. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 227. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 228. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 229. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 220. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 220. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 221. Entered the deceased from 16. Q. D. D. D. COUNTRY (e.g., in or about home. 222. BUSINESS OF INDUSTRY COUNTRY (e.g., in or about home. 223. BUSINESS OF INDUSTRY (e.g., in or about home. 224. BUSINESS OF INDUSTRY (e.g., in or about home. 225. BUSINESS OF INDUSTRY (e.g., in or about home. 226. BUSINES					-	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER I YEAR IF							
during many pf working life, year if retired) 13. FAITER'S NAME 13. FAITER'S NAME 13. FAITER'S NAME 13. FAITER'S NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECARGED EVER IN U.S. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause par line. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 18. SOCIAL SECURITY NO. 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 19. WAS DECARGED EVER IN U.S. ARMED FORESS? 10. SOCIAL SECURITY NO. 11. WAS DECARGED EVER IN U.S. ARMED FORESS? 10. SOCIAL SECURITY NO. 11. WAS DECARGED EVER IN U.S. ARMED FORESS? 11. SOCIAL SECURITY NO. 12. INFORMANT OR INTERVAL BETWEEN CONTROL OF THE WAS CAUSED BY. 10. WAS DECARGED EVER IN U.S. ARMED FORESS? 11. SOCIAL SECURITY NO. 12. INFORMANT OR WIFE 13. WAS DECARGED EVER IN U.S. ARMED FORESS? 14. NAME OF HUSBAND OR WIFE 15. WAS DECARGED EVER IN U.S. ARMED FORESS IN U.S. INFORMANT OR WIFE 16. CAUSE OF DEATH END OF THE SECURITY NO. 17. INFORMANT OR INFORMANT OR U.S. ARMED FORESS IN U.S. U.S.	5 2				4	Firmal White 18/15/85 18	<u> </u>						
13. FATHER'S NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF BRATH IEnter only one cause per line PART I. DEATH WAS CAUSED BY: 19. MANDIATE CAUSE (a) 19. WAS DECRASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. INFORMANT 11. INFORMANT 12. INFORMANT 12. INFORMANT 13. MANDIATE CAUSE (a) 14. NAME OF HUSBAND OR WIFE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF BRATH IENTER Only only one cause per line PART I. DEATH WAS CAUSED BY: 18. CAUSE OF BRATH IENTER ONLY OR CONSTITUTION. 19. WAS AUTOSY 19. WAS A	6	2			I "								
S.C. REVELL Jackie Ann Roberts J.C. Revell La Jackie Ann Roberts Jackie Ann Robert	_	3			1;	11002 0017	<u> </u>						
13. WAS DECEASED EVER IN U.S. ARMED POICES? 10. OCCURRED TO PART I. DEATH WAS CAUSED BY: 11. OCCURRED TO BEATH (Enter only one cause per line) 11. OCCURRED TO BEATH (Enter only one cause per line) 12. Conditions, if any, which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to which gave rise to distance only one cause per line which gave rise to which gave rise to distance only one cause per line which gave rise to line of the learning line deceased was female we find the gave rise to distance on line of the learning line of the learning line on line on the learning line on line on the learning line on line lin		5											
10 O O O SOLUTION OF COUNTY 11 O O O O SOLUTION OF COUNTY 12 O O O SOLUTION OF COUNTY 13 O O O SOLUTION OF COUNTY 14 O O O O SOLUTION OF COUNTY 15 O O O O O O O O O O O O O O O O O O O	<u> </u>	2				S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
TO THE CAUSE OF DATE IT. DEARH WAS CAUSED BY: International part Dear De	94/201	١	1 1		1 _	(es, no, or unknown) (if yes, give war or dates of serv	<u>40</u>						
Which gave rise to above cause (a), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not released to the terminal part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased in part ii. If decased ii	10	ξ]	į		IN CAUSE OF DEATH (Enter only one cause per line	AL BEIWEEN						
Which gave rise to above cause (a), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not released to the terminal part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased in part ii. If decased ii			1	×	1	IMMEDIATE CAUSE (a) Massium Cornery Chrombons 1 d	ay .						
Which gave rise to above cause (a), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not released to the terminal part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we there a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased was female we have a pregnancy in last 90 days in part ii. If decased in part ii. If decased ii		ا دا			ı	Ottom Allendia							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal was there a pregnancy in last 90 days of the performancy in last	1290-0	STE			1	which gave rise to							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part III. If deceased was female we there a pregnancy in last 90 days where a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days per per part III. If deceased was female we there a pregnancy in last 90 days		崖	\sqcup	_		stating the under-							
STATE		<u> </u>	!	{	Į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was							
NOT WHILE AT WORK Death occurred at 10.30 PAM	و	,			I	disease condition given in PART 1 (a) (there is pregnancy to							
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the decased from 1/-19-63 and last saw her size above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE 22e. SIGNATURE (Degree or title) 22e. DATE SIGNE 23e. BURAL, CREMATON, 23b. DATE 23e. BURAL, CREMATON, 23b. DATE 23e. NAME OF CEMETERY OR CREMATORY 23e. BURAL, CREMATON, 13b. DATE 23e. NAME OF CEMETERY OR CREMATORY 25f. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	[3		11				L						
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the decased from 1/-19-63 and last saw her size above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE 22e. SIGNATURE (Degree or title) 22e. DATE SIGNE 23e. BURAL, CREMATON, 23b. DATE 23e. BURAL, CREMATON, 23b. DATE 23e. NAME OF CEMETERY OR CREMATORY 23e. BURAL, CREMATON, 13b. DATE 23e. NAME OF CEMETERY OR CREMATORY 25f. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	.				N CER	PERFORMED?							
21. I attended the deceased from 1/-19-63 and last saw her elive on 1/-19-63 Death occurred at 16:30 RM. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNET 23c. BURNAL, CREMANON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City, town, or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	N S	[]		1	Š	INJURY a.m.							
21. I attended the deceased from 1/-19-63 and last saw her elive on 1/-19-63 Death occurred at 16:30 RM. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNET 23c. BURNAL, CREMANON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City, town, or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE					*	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK [] farm, factory, street, office bldg., etc.)	STATE						
236. BURNAL, CREMANON, 23b. DATE 236. BURNAL, CREMANON, 23b. DATE 236. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 236. LOCATION (City, town, or county) SELLEY UE CEM. 256. DATE REGISTRAR'S SIGNATURE 257. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	2 % &	9				11-10-62 her 11-10-65							
236. BURNAL, CREMANON, 23b. DATE 236. BURNAL, CREMANON, 23b. DATE 236. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 236. LOCATION (City, town, or county) SELLEY UE CEM. 256. DATE REGISTRAR'S SIGNATURE 257. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	MET	D RE				21. I attended the deceased from	stated						
236. BURNAL, CREMANON, 23b. DATE 236. BURNAL, CREMANON, 23b. DATE 236. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 236. LOCATION (City, town, or county) SELLEY UE CEM. 256. DATE REGISTRAR'S SIGNATURE 257. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	: · š . 🛍	悥		اا	1	22a. SIGNATURE (Degree or title) 22b. ADDRESS 04	. DATE SIGNED						
236. BURNAL, CREMANON, 236. DATE 236. BURNAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) ADDRESS 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (Ciry, Town, or county) (State) 236. DATE CEM. 237. NAME OF CEMETERY OR CREMATORY 238. DATE CEMETERY OR CREMATORY 238. DATE OF CEMETERY OR CREMATORY 239. DATE OF CEMETERY OR CREMATORY 230. DATE OF CEMETERY OR CREMATORY 230. DATE OF CEMETERY OR CREMATORY 230. DATE OF CEMETERY OR CREMATORY 231. DATE OF CEMETERY OR CREMATORY 231. DATE OF CEMETERY OR CREMATORY 232. DATE OF CEMETERY OR CREMATORY 234. DATE OF CEMETERY OR CREMATORY 235. DATE OF CEMETERY OR CREMATORY 236. DATE OF CEMETERY OR CREMATORY 237. DATE OF CEMETERY OR CREMATORY 238. DATE OF CEMETERY OR CREMATORY 238. DATE OF CEMETERY OR CREMATORY 238. DATE OF CEMETERY OR CREMATORY 239. DATE OF CEMETERY OR CREMATORY 249. DATE OF CEMETERY OR CREMATORY 250. DATE OF CEMETERY OR CREMATORY 251. DATE OF CEMETERY OR CREMATORY 252. DATE OF CEMETERY OR CREMATORY 253. DATE OF CEMETERY OR CREMATORY 254. DATE OF CEMETERY OR CREMATORY 255. DATE OF CEMETERY OR CREMATORY 256. DATE OF CEMETERY OR CREMATORY 257. DATE OF CEMETERY OR CREMATORY 258. DATE OF CEMETERY OR CREMATORY 258. DATE OF CEMETERY OR CREMATORY 258. DATE OF CEMETERY OR CREMATORY 259. DATE OF CEMETERY OR CREMATORY 259. DATE OF CEMETERY 259. DATE OF CEMETERY 259. DATE OF CEMETERY 259. DATE OF CEMETERY 259. D	<u>~~</u> }	돐				The same of course of contract of the same of course	-19-63.						
REMOVAL 11/20/65 DELLEVUE CEM. DELLES 1 ENN. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		6			2:	38. BURNAL, CREMANIEN, 23B. DATE	(3101 0)						
	.	ž		<u>, EE</u>	_	THE PARTY AND TH							
		TEM		\ <u>\</u>	_	A.L. RONE BELLS, TENN. 11-24-63 Esther Callena	·						

(Licensed Embalmer's Statement on Reverse Side)

Germit essued

1.4

STATEMENT BY LICENSED EMBALMER

i herel	by certify that the b	ody whose name is	recorded or	n the reverse	side of this certificate was embalmed by me,
or by	 <u>-</u>				, Student Embalmer No
working under	r my personal super	vision.		Co	10000
Student			Sian	ed Can	et & Edellemon
	Signature of Studen	nt Embalmer			•
	•	4	÷	· ·	Licensed Embalmer No. 2880 3KON. Bells P. O. Address Alamo Tunn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.